

Lelementine Askins

Town

County

Died at

St. Michael's 2nd

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5-29

Age

1-3-

St. Michael's

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband of

Wife

Father's

Name

Wm Askins

Mother's

Maiden Name

Rebecca Moore

Cause of

Primary

Pertussis & Acute Bronchitis

How long sick

three week

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

A. B. Glasecock

Address

St. Michael's Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

William Earnest Arkins

Certificate of Death

Town

near Trappe

County

Talbot

MARYLAND

Died at

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

May 16

Age

2

Male

White

Married

Widow

Divorced

Female

Colored —

Single —

Widower

Number of children living

Husband

of

Wife

Father's

Name

Lewis R Arkins

Mother's

Name

Florence Arkins

Cause of

Primary

don't know

How long sick

Death

Immediate

179

Accident, Suicide, Homicide

Reported by

Father

Address

L H Millum

Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76998

attended by Dr. W. S. Hyman
of _____

Seen by Coroner _____
of _____

J. Annie Banton
 Town County

MARYLAND

Died at *Iowa Town**Talbot*

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	May	2		2	14	MD	
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living	

Husband of *James T Banton*
 Wife *James T Banton*

Father's Name *James T Banton* Mother's Maiden Name *Minnie Banton*

Cause of Primary *don't know* How long sick *151*

Death Immediate Accident, Suicide, Homicide

Reported by *John B Fairbank MD*

Address *Easton Talbot Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Bantona

Died at ^{Town} Chapel ^{County} Talbot MARYLAND

Date 1902 May 18 Age 75- Native of Ala Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ Divorced
 Female Colored ~~Single~~ Widower Number of children living 4

Husband of Alice Banton

Father's Name Isaac Emory Mother's Maiden Name Mary Emory

Cause of Death { Primary Old age Immediate } How long sick 10 years
 154 Accident, Suicide, Homicide

Reported by John B Fairbank

Address No 82

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Stephen Bridgell

Town

County

Died at

near Chapel Talbot

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1702

May 8

Age

55

Talbot

Farmer

Male

~~Female~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

of

Mary Jean Bridgell

Wife

Father's

Name

Edward Bridgell

Mother's

Name

Mary Sutton

Cause of

Primary

Heart trouble

How long sick

died alone

Death

Immediate

"

"

79

Accident, Suicide, Homicide

Reported by

John Mason

Address

Undertaker.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

1948-1949



Jennie Price

Town

Trotter

County

Talbot

MARYLAND

Died near

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

5

18

Age

12

-

-

Talbot Co.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~ of~~Wife~~Father's
Name

James Price

Mother's

Maiden Name

Mary Bantam

Cause of

Primary

Pulmonary Tuberculosis

How long sick

1 year

Death

Immediate

Exhaustion

2

~~Accident, Suicide, Homicide~~

Reported by

Joseph A. Ross Jr &

Address

Trotter, Talbot Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Eva Loue Britman

Town

County

Died at Oxford, Talbot Co

MARYLAND

1902
 Date 19 May 28
 Month Day
 Age 14 0 27
 Y. M. D.
 Native of Somerset Co
 Occupation School

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name
 Wm Britman

Mother's Maiden Name
 Caroline Jones

Cause of Death
 Primary Pneumonia
 Immediate Tuberculosis Consumption
 How long sick 2 months
 Accident, Suicide, Homicide

Reported by Dr. Geo. H. Clift

Address Oxford, Talbot Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Ella Brownell

Town

Trappe

County

Talbot

MARYLAND

Died near

Date 1902

Month

5

Day

13

Y.

30

M.

7

D.

3

Native of

Talbot Co

Occupation

Housewife

Age

Married

Widow

Widower

Number of children living

3

Female

Colored

Single

Widower

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Abortion

Hemorrhage

How long sick

28 hours

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Evelyn Bromwell

Town

County

Died at

Trappe

Talbot

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 25

Age

4

-

-

Md

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Queen Bromwell

Cause of

Primary

Pertussis

How long sick

10 days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

William S. Seymour

Address

Trappe

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

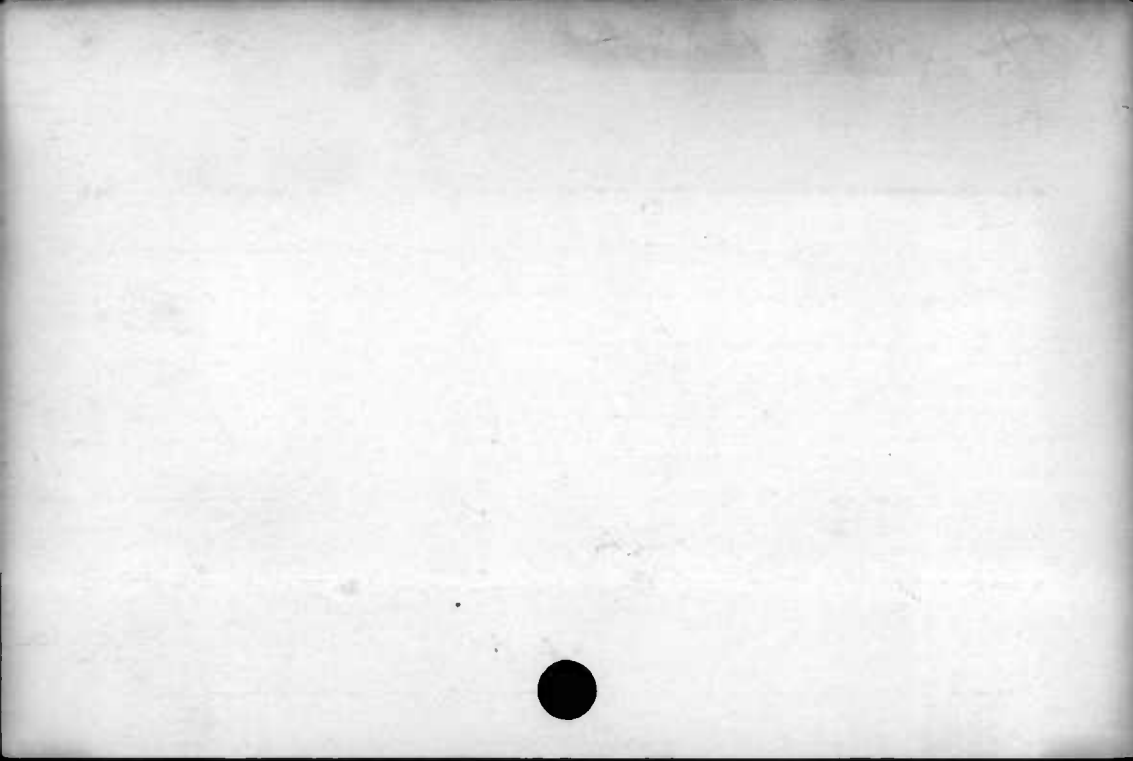
MARYLAND

Died at		Town		County	
St. Michaels		Talbot			
Date of death 1902	Month	Day	Age	Years	Months
2	May	5	84		8
Sex	Female	Color or Race	White	Birthplace	Louisa Co Md
Married, Single or Widowed	Widow		Occupation		
		Housewife			
Name of Wife or Husband		Thomas Bruff of Thomas			
Father's Name		James Dennis		Father's Birthplace	
				not known	
Mother's Maiden Name		Annie Dennis		Mother's Birthplace	
Name of person giving information		Joseph G. Goshorn		How related to deceased	
				Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	accumulated yrs	How long
	apoplexy,	left
Immediate		How long
		4 to 5
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	E. A. Dodson	
	Address	
	St. Michaels Md.	
Accident or Suicide?		



John Henry Cooper

Town

County

Died at

Grapple

Salbot Co.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5

27

Age

19-3-5

Salbot Co.

labourer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

53

Mother's

Maiden Name

Alice L. Cooper

Cause of

Primary

Leukaemia

How long sick

3 months

Death

Immediate

hemorrhage from tooth

~~Accident, Suicide, Homicide~~

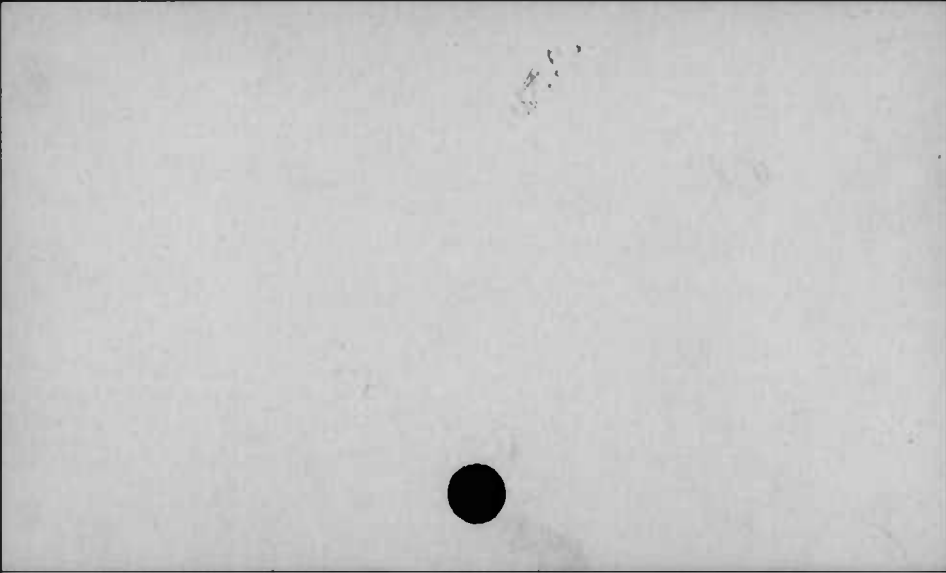
Reported by

Joseph A. Ross M.D.

Address

Grapple, Salbot Co., Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Malvina Cooper
 Town County

Died at

Isle of
 Month Day Y. M. D.

MARYLAND

Date 19

5 *27*

Age *5*

Native of

Occupation

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2~~Married~~

of

Wife

Father's

Name

Alfred Cooper
William Price

Mother's

Maiden Name

Mary

Cause of

Primary

Death

Immediate

Heart Failure.

How long sick

10 minutes

~~Accident, Suicide, Homicide~~

Reported by

Address

Joseph A. Ross, Jr.
Trapp-Lalor Co., Inc.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76505



Emma Agnes Dickenson

Town

County

MARYLAND

Died at near

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5

2

Age

24

11

19

Talbot Co

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband of

Father's Name

Mother's

Maiden Name

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lurenia Dobson

Died at Town Easton County Talbot MARYLAND

Date 1902 May 12 h Y. M. D. Age 3 - 8 - Native of Ind Occupation —

Male Female Colored Single Married Widow Widower Divorced Number of children living

Husband
of
Wife

Father's Name Paris Dobson Mother's Name Lurenia J. Dobson

Cause of Death { Primary Tuberculous Meningitis How long sick 4 weeks
Immediate Exhaustion Accident, Suicide, Homicide

Reported by Julius A. Johnson

Address Easton, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John C. Earle M D

Town

County

MARYLAND

Died at

Easton

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

May

17th

Age

78 -

Maryland

Physician

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

Wife

Father's

Name

Mr. Clara Earle

Mother's

Name

R. Earle

Sighman

Cause of

Primary

degeneration of nervous system

How long sick

Death

Immediate

Heart failure

~~Accident~~ Suicide, Homicide

Reported by

D. J. M. H. Baleman

Address

Easton

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Joniah Fairbanks*

Died at *St Michael's* Town *Talbot* County

Date of death 190 *2* Month *May* Day *18* Age *69* Years Months *10* Days *2*

Sex *Male* Color or Race *White* Birth-place *Talbot Co*

Married, Single or Widowed *Married* Occupation *Store Keeper*

Name of Wife or Husband *Rachael A B Fairbanks*

Father's Name *Joniah Fairbanks* Father's Birthplace *Talbot*

Mother's Maiden Name *Mary A Merchant* Mother's Birthplace *Talbot*

Name of person giving Information *Wm J Fairbank* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart & Kidneys* How long *20* *Several yrs.*

Immediate *Uremic poisoning* How long *7 wks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. A. Podson*

Address *St. Michaels Md*

Accident or Suicide? ☒



11

12

Name *Lydia A Ford*
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>May</i>	Day <i>5</i>	Age <i>60</i> Years	Months <i>6</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bay Thimble</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Richard C Ford</i>					
Father's Name <i>James W Lowe</i>		Father's Birthplace <i>Bay 76</i>			
Mother's Maiden Name <i>Rebecca Bruff</i>		Mother's Birthplace <i>Bay 60</i>			
Name of person giving information <i>C C Ford</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis</i>	How long <i>4 Months</i>
Immediate <i>Gastritis</i>	How long <i>1 1/2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robt. A. Dodson</i>
	Address <i>8th Michaels Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Ella Foster

Town

County

Died at

Mathews

Talbot

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

5-4

18

Talbot Co

House girl

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

One

Husband

of

~~Wife~~

Father's

Name

Alex Foster

Mother's

Maiden Name

Mary J Clark

Cause of

Primary

Phthis Pulmonalis (Syphilitic)

How long sick

for 8 m. 00

Death

Immediate

asthenia

Accident, Suicide, Homicide

Reported by

C. M. Bluth M.D.

Address

Cordova

Talbot Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Time
in
Full

CERTIFICATE OF DEATH

Agnes G Harrison

Died at *Heavitt* ^{Town} *Talbot* ^{County}

MARYLAND

Date of death 190 *2* Month *May* Day *8* Age *6* Years Months *10* Days *6*

Sex *Female* Color or Race *White* Birth-place *Heavitt*

Married, Single or Widowed *Single* Occupation *none*

Name of Wife or Husband

Father's Name *John H T Harrison*

Father's Birthplace *Heavitt*

Mother's Maiden Name *Susan A McQuay*

Mother's Birthplace *Bryman*

Name of person giving information *John H T Harrison*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia 93*

How long *5 wks*

Immediate *Heart failure - Valvular*

How long *5 wks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *R H Dodson*

Address *St Michaels Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Harrison M. Harrison

Town

County

Died at

Zilgman

Zelart

MARYLAND

Date 189

2

Month

Day

Y.

M.

D.

Native of

Occupation

May 21

Age

1-21

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Chas. H. H. Harrison

Mother's
Name

Matilda J. Harrison

Cause of

Primary

Pertussis

How long sick

5 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

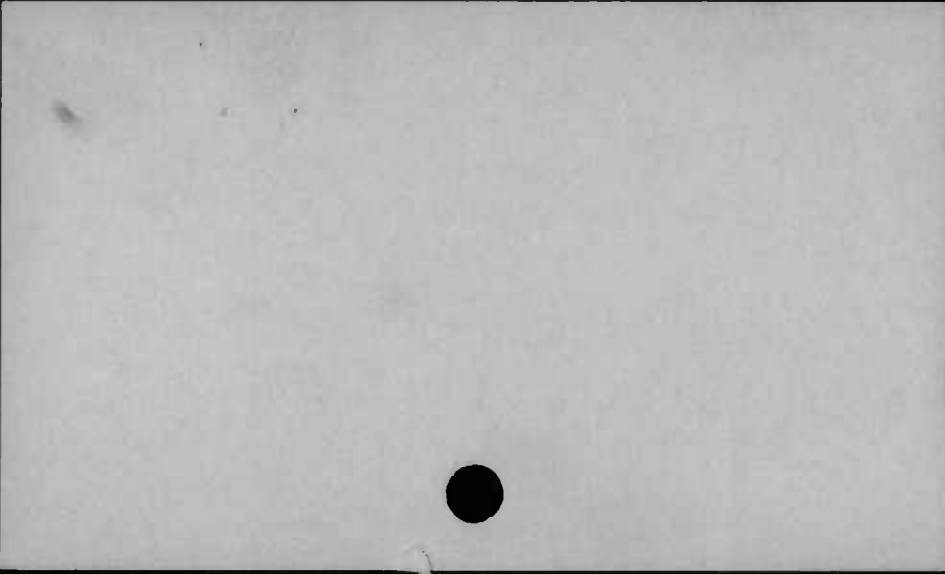
S. K. Nilson M.D.

Address

Zilgman, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Month

Day

Age

~~Married~~

Single

County

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Davey Mc Gotten
 Town County

Died at

near Trappe
 Month Day

Salisbury
 Y. M. D. Native of

MARYLAND

Occupation

Date 1902

May 17
 Month Day

Age *80*Male ☒White ☒Married ☒Widow ☒Divorced ☐Female ☐Colored ☐Single ☐Widower ☐

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary ☒*154*

How long sick

Death

Immediate ☒*No Doctor*

Accident, Suicide, Homicide

Reported by

L. H. Mulliken

Address

undertaken

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ida Gertrude Hubbard

Town

County

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

May 17

Age

4

Ida

X

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

+

Wife

Father's

Name

Noah Hubbard

Mother's

Maiden Name

Ida Holmes

Cause of

Primary

Whooping Cough

How long sick

Death

Immediate

Stomatitis

Accident, Suicide, Homicide

Reported by

Chas. H. Rose

Address

Cordova

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



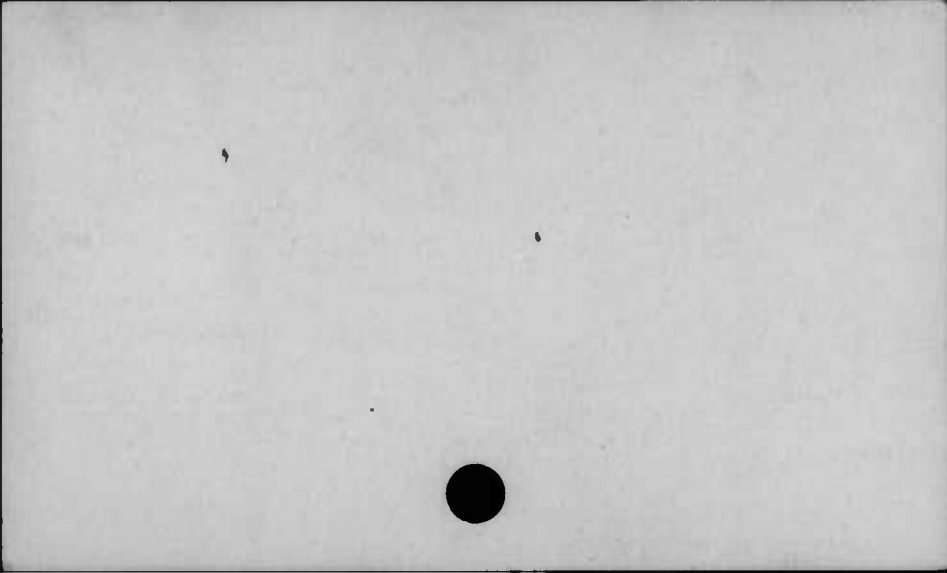
Name in Full		Alice Christina Johnson				Certificate of Death	
Town		County				Tallbot	
Died at						MARYLAND	
Date 19	02	Month	May	Day	13	Age	5 years
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living	
Husband of		Chas. H. Johnson					
Wife		Chas. H. Johnson					
Father's Name		Chas. H. Johnson		Mother's Maiden Name		Julia Johnson	
Cause of	Primary	Typhoid fever				How long sick	
	Death	Immediate				8 days	
						Accident, Suicide, Homicide	
Reported by		H. G. Willson, M. D.					
Address		Royal Oak, Md.					
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							



Name in Full

Certificate of Death

Died at		Town <i>Alex</i>		County <i>Jones</i>		State <i>Dalbot</i>		MARYLAND	
Date 19 <i>02</i>		Month <i>5</i>	Day <i>21</i>	Age <i>- 22</i>	Y. <i>1</i>	M. <i>2</i>	D. <i>21</i>	Native of <i>Mettman</i>	Occupation <i>none</i>
Male		White		Married		Widow		Divorced	
Female		Colored		Single		Widower		Number of children living <i>none</i>	
Husband of									
Wife									
Father's Name		<i>Allie P. Jones</i>				Mother's Maiden Name <i>Lemia Harrison</i>			
Cause of Death	Primary	<i>Pneumonia</i>						How long sick <i>Eight days</i>	
	Immediate	<i>Asthemia</i>						Accident, Suicide, Homicide <i>93</i>	
Reported by		<i>A. B. Glascock</i>							
Address		<i>St. Michaels</i> <i>md</i>							
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.									



Harry D. Nutz

Town

County

Died at

MARYLAND

Date 19

02

May 1

Age

38-10-27

Native of

Talbott

Occupation

Mechanic

MaleWhiteMarried

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Arteriosclerosis - Lung Complications 3 1/2 to 4 yrs.

How long sick

Death

Immediate

Cancer - 47

Accident, Suicide, Homicide

Reported by

R W Danner, M.D.

Address

Hittman Talbott Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary E. Price

Town

E. M.

Died at St. Michaels

Datto

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	5	23	57	11	28	Maryland	Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living	Two	

Husband of
 Wife of *Wm. J. Price*

Father's Name *Jno. B. Diggs* Mother's Name *Elizabeth Gibson*

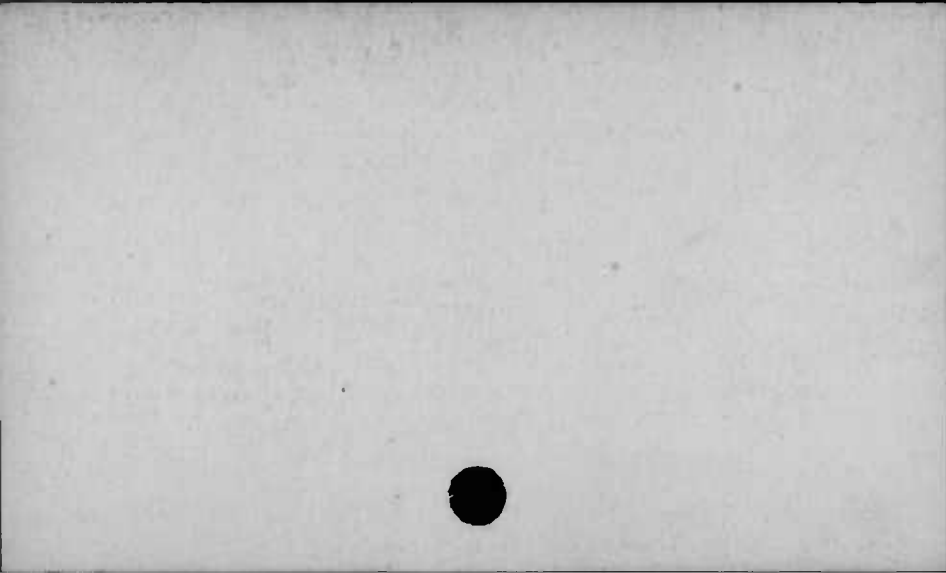
Cause of. Primary *Chronic nephritis and organic liver disease* How long sick *One year*

Death Immediate *Asthenia* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Louisa Ropf

Died at Mar Royal Oak Town Talbot County MARYLAND

Date 1902 5 16 Month Day Y. M. D. Age 79 - - Native of Md Occupation Washerwoman

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 5

Husband of John Ropf - dead

Father's Name John Moore

Mother's Maiden Name AO

Cause of Primary Acute Bronchitis How long sick

Death Immediate Inflammation of bowels Accident, Suicide, Homicide

Reported by Sam'l B. Trippe

Address Royal Oak, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Marey B. Shockley

Town

County

Died at St Michaels

Talbot

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	5	8	9	-	10	St Michaels	none
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
ofFather's
Name

Geo E. Shockley

Mother's
Name

Laura R. Shockley

Cause of	Primary	Pertussis & Bronchial Pneumonia	How long sick	4 weeks
Death	Immediate	Convulsions	Accident, Suicide, Homicide	

Reported by

A. B. Glascock

Address

St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Glascok

of

St Michael's Ind.

undertaken E. P. Sparks

Seen by

of

St Michael's Ind.

Information contained in this certificate received from

Laura B Shockley

of

St Michael's Ind.

Name in Full

Certificate of Death

Rosetta Jarr

Town

County

Died at St. Michaels

Talbot

MARYLAND

Date 1917 5 19 Age 37 - - Native of St. Michaels Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living none

Husband of Chas. L. Jarr

Wife

Father's Name Wm. S. Seymour Mother's Maiden Name Anna Wales

Cause of Primary Organic Liver disease How long sick 4 months

Death Immediate Asthenia Accident, Suicide, Homicide

Reported by

A. B. H. Lasecock

St. Michaels

md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Florence E. Thomas

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

May

Age

6

Talbot

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
NameMother's
Maiden Name

Annie E. Thomas

179

Cause of

Primary

no Dr. in attendance

How long sick

Death

Immediate

cause not known

Accident, Suicide, Homicide

Reported by

L. H. Mulliken undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Richard S. Thomas

Died at ^{Town} St Michaels ^{County} Talbot

MARYLAND

Date 19	02	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		5	8	1			27	St Michaels	none
Male		White		Married		Widow		Divorced	
Female		Colored		Single		Widower		Number of children living	

Husband
of
Wife

Father's Name	Mother's Maiden Name
Wilson Thomas	Clara L Adamo

Cause of Death	How long sick
Primary Pertussis and Pneumonia	2 weeks
Immediate Convulsions and Asthma	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDaniel</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>March</i>	Day <i>3</i>	Age <i>80</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot Co Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>House Wife</i>		
Name of Wife or Husband <i>William Turner</i>					
Father's Name <i>Noah Bailey</i>			Father's Birthplace <i>Talbot Co</i>		
Mother's Maiden Name <i>Minnie Bailey</i>			Mother's Birthplace <i>Talbot Co</i>		
Name of person giving information <i>Mr Turner</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age a General Debility</i>	How long <i>one night</i>
Immediate <i>Heart Failure</i>	How long <i>one night</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none</i>
<i>E P Sparks 78</i>	Address <i>St Michaels</i>
Accident or Suicide? <i>no</i>	

Name in Full *Mary E. Furness*
 Town *East* County *Island*

Died at Easton ^{Town} Island ^{County} 1 MARYLAND

Date 902 Month May Day 23rd Y. 62 M. D. Native of Mayland Occupation Insurance
 Male White Married Widowed
 Female Colored Single Widowed Number of children living None

Husband of Eli Turner
Wife - Fish
Father's -
Name -

Mother's _____
Name _____

Cause of	Primary	<i>Dysentery</i>	14	How long sick	<i>4 weeks</i>
Death	Immediate			Accident, Suicide, Homicide	

Reported by S. J. M. H. T. G. L. L. L. L.
Address Easton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

ONE YEAR



Jno. Williamson

Town

County

Died at St. Michaels

Talbot

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	5	25	76	-	-	-	Clamont Del.	none
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living none

Husband
of
Wife

Father's Name Geo. Williamson

Mother's
Maiden Name

Elizabeth Harding

Cause of { Primary Epilepsy

How long sick
thirty years

Death { Immediate Paralysis of Heart

Accident, Suicide, Homicide

Reported by

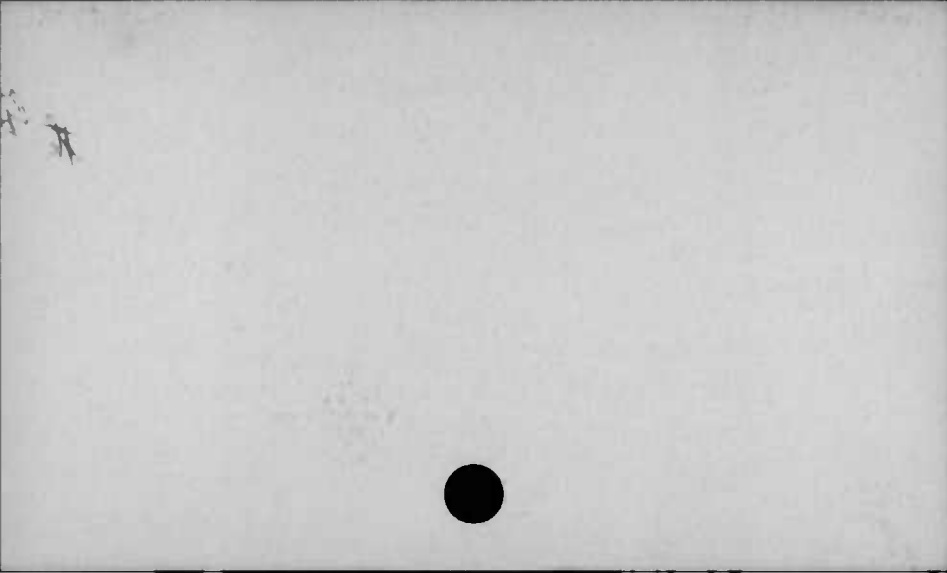
A. B. Lascock

Address

St. Michaels

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George W. Wooler,

Town County

Died at *Near Royal Oak* *Talbot co* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 *May* *26* Age *73* *7* - *Maryland* *Farmer*

Male White Married Widow Divorced

Female Colored Single Widower Number of children living *3*

Husband of

Wife *Elizabeth Nutall*

Father's Name *Josh Wooler* Mother's Maiden Name _____

Cause of Primary *Neuralgia of heart* How long sick *6 days*

Death Immediate *Heart failure* *79* Accident, Suicide, Homicide

Reported by *Leah C. Triplett*

Address *Royal Oak -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gas. Edward Alphonso Cator Young
 Town Trappe County Talbot

MARYLAND

Died at

Date 1902 May 5 Y. - M. 8 D. - Native of MD Occupation
 Male Married Widower Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name Alexander Young Mother's Name Lottie Ennals

Cause of Death { Primary Pertussis
 Immediate Pneumonia
 How long sick 5 weeks
 Accident, Suicide, Homicide

Reported by Wm S. Seymour

Address Trappe Rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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